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ABSTRACT

Evaluated is a regional model employing eight curriculum resource teachers (CRT's) in mainstreaming exceptional children from three rural Virginia counties. Described are the project's performance objectives and delivery system (including policy formulation, referral system, screening, and intervention based on needs assessment). Issues raised in the team correction of the model are the production dilemma and the evolution of the delivery system from beginning policy formulation to the changing CRT role (illustrated by four brief case studies demonstrating increased emphasis on teacher consultation). Listed as major accomplishments are the model's effectiveness (as indicated by administrative support, flexibility of services, and the development of a management system) and pupil growth (as demonstrated on pre- and posttests of behavioral objectives, cognitive measures, and psychomotor tests). Among considerations for the future are the addition of family counseling services, the initiation of an advisory committee, and the development of performance standards. (CL)

ED105694

AN EVALUATION:

REGIONAL PROGRAM FOR

EXCEPTIONAL CHILDREN

A Model for Mainstreaming of Exceptional Children
in the School Divisions of Culpeper, Madison
and Orange Counties, Virginia,
School Year 1973-1974.

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EC 072 387

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PREFACE 1

I. INTRODUCTION 4

A. The Regional Program for Exceptional Children 4
B. Background of Needs 4
C. The Proposal 5

II. PROJECT PERFORMANCE 1973-1974 9

A. Project Objectives 9
B. Pupils Served 10
C. The Delivery System 10
1. Policy Formulation 10
2. Referral System 11
3. Initial Contact 12
4. Screening 12
5. Full-service Cases 12
a. Introduction 12
b. Educational Evaluation and Intervention Plan 13
c. Intervention 14
d. Termination Report and Follow-up Plan 15
e. Cases Served 16
6. Monitoring of Activities . . . 16

III. TEAM CORRECTION OF THE MODEL 18

A. The Production Dilemma 18
1. Implied Contracts 18
2. Quantity vs. Quality 19
3. In-service Training vs. Increased Caseload 20
4. The Parochial View vs. the Global View 20
B. Evolution of the Delivery System . 21
1. Policy Formulation 21
2. Determination of Level of Service 22
a. Full-service Cases 22
b. Other Services 23
3. The CRTs in Action 25
a. The Changing CRT Role . . . 25
b. Representative Case Studies 30
4. The Changing Use of Team Time . 34

IV. MAJOR ACCOMPLISHMENTS 36

A. Effectiveness of The Model 36
1. Development of Administrative Support 36
a. Establishment of Regional Control Board 36
b. Growth in Acceptance of Mainstreaming 36
2. Entrance of Rappahannock County Into Program 37
3. Flexibility of The Model . . . 37
4. Needed and Requested Services are Varied 37
5. Development of Management System 37
a. Development of Team Effectiveness 37
b. Development of Administrative Tools . . 38
6. Essential Requirements for an Effective Regional Program . 38
B. Pupil Growth 38
1. Pre-Post Measurements 39
a. Behaviorial Objectives . . 39
b. Cognitive Measures 39
c. Psychomotor Measures . . . 40
2. Problems in Measurement in the Affective Domain 40

V. LOOKING AHEAD 42

A. Addition of Family Counseling Services 42
B. Initiation of Advisory Committee . 42
C. Development of Operations Council . 42
D. Development of Performance Standards 43

GLOSSARY 44

TABLES

Table I	Achievement of Established Objectives by Domain . .	10
Table II	Referrals by County	11
Table III	Referrals by Exceptionality	11
Table IV	Cases Served by County . .	16
Table V	Cases Served by Exceptionality	16
Table VI	Percent of Team Time by Class of Activity	17
Table VII	Children Receiving Specific Services by County . . .	25
Table VIII	Percentage of Team Time by Activity	35

PREFACE

The conception and development of an innovative program within the public school setting is a dream realized by those educators who remain persistent to the cause and concern for quality educational programs for children and youth. This dream is vivid for those who work with exceptional children whose educational rights are now being realized and supported by parents, educators, and legislators. Federal funds are now available to assist in the development and initial implementation of quality programs in geographic regions and educational settings where programs for exceptional children are either non-existent or in need of extensive expansion.

The more sparsely populated rural areas of the country face a serious problem of serving all exceptionalities over a large land area which complicates and frequently restricts the delivery of services. Bringing services to exceptional children in an effort to regain these children in the mainstream of education is the basic philosophy upon which this Regional Program for Exceptional Children was developed.

The dream of one individual remains just that until a strong commitment of other educators is found within the public school system. In this rural region of Virginia (Culpeper, Orange and Madison counties) this strong commitment exists with many educators and is the only way this dream became a reality.

First recognition of support and commitment must go to the Division Superintendents, Mr. William H. Wetsel, Mr. Hubert W. Monger and Mr. Renfro C. Manning, as well as the numerous administrators and teachers who made this program come alive and effective within their own classrooms and schools. Without their day-to-day operational support this program would not exist.

To our coordinator, Alan McClung, goes recognition for his understanding of and commitment to the total operation of the program, who, as a former principal, brought to this first year of operation the necessary expertise for effective

operation among the 17 schools and three school divisions. Alan knows and understands the concerns faced by individual schools and teachers as they cope with the problem of implementing an appropriate educational program for exceptional students. He is able to communicate this understanding coupled with the knowledge of the abilities of the interdisciplinary team to assist them in meeting these needs.

The real core of success of this program obviously is the curriculum resource teachers who have brought to this team their different personalities and strengths as well as the training and experience in working with the varied exceptionalities, and their tireless and enthusiastic efforts to prove the workability of the program. The basic belief of a non-categorical approach to serving the needs of exceptional children through mainstreaming is brought to life by this interdisciplinary team as they are unified in their commitment to develop sound educational plans for children with multiple exceptional needs. The members of this team are: James H. Brashears, Ellen B. Blum, Diane S. Cook, Elizabeth I. Garber, Alice G. Gentry, Elizabeth Mahan, Frank Marchione, Carolyn B. Pippen, and Kay E. Rigling.

As this program was an innovative and unique method of delivering services to exceptional children in a rural area the strong need was expressed to receive guidance of both research and management consultive services to an interdisciplinary team. Dr. Perry J. Rushlau was contracted to serve as our research consultant and Dr. James R. Galloway as our management consultant. As the year progressed these men served on an "on call" basis as well as scheduled visits to the program to contribute their expertise in the respective areas of research and management. Basic goals projected by the program were that of accountability and effective interdisciplinary team management. Dr. Rushlau provided this program with the statistical analysis and reports necessary for an evaluation of the first year of operation. Dr. Galloway provided this interdisciplinary team with the skills necessary for an effective first year of team management operation. We are indeed grateful to both of these men.

Dr. Galloway contributed further by compiling and writing the final report and evaluation which follows. This evaluation is a compilation of written and verbal reports by all those working in and contributing to the total operation of the program. We requested and encouraged the candor reflected in this evaluation so those who might consider replication of this model will be as fully aware as possible of the problems as well as the strengths of this program. Our most sincere expression of appreciation goes to Dr. Galloway for this candid report.

Another area of support that is imperative for a successful program is the Virginia State Department of Education. Both Mr. Wayne B. Largent, Supervisor of Special Education, and Mrs. Kathleen S. Kerry, Regional Supervisor, have been highly supportive of both the fiscal and program needs as they have developed. Mr. Largent has been supportive of all requested considerations and made on-site visits to the project. The "dream" of such a program is totally shared with Mrs. Kerry, as we worked in this region and expressed quite similar concerns of the needs of each school division and a similar philosophy regarding the approach necessary to meet these needs. This administrative support from the State Department of Education level is gratefully acknowledged and appreciated.

Mrs. Janet Foley has earned a most sincere thank-you for her commitment to this entire program and its operational needs, as well as her efficient secretarial skills, as she has completed the typing of this manuscript for printing. Her commitment is also imperative for a successful program.

Through the commitment of these people our program will continue next year to better meet the needs of exceptional children.

Charlene B. Imhoff
Project Director

I. INTRODUCTION

A. The Regional Program for Exceptional Children

In July 1973 a Regional Program for Exceptional Children was initiated in Madison, Orange and Culpeper counties. This Program was initiated with financial support from Title VI-B, Public Law 91-230, funding the local support portions of the teaching positions and other Program costs. The Program provided an interdisciplinary team of Curriculum Resource Teachers who would work directly with children and teachers in all schools within the three school divisions.

B. Background of Needs

Prior to the inception of this program the services of the three county divisions to educationally handicapped children were minimal or non-existent. For example, projections indicated that approximately one in 18 students in the area needed the services of teachers trained in the areas of emotional disturbance or learning disabilities. At that time, Orange County employed two resource teachers endorsed in the area of learning disability. Madison and Culpeper County had no provision for the education of students in either of these exceptionalities. At least six of every 200 students needed the services of a trained speech therapist, but there was only one per 4,250 students. One teacher of the hearing impaired was working in the tri-county area.

The counties' most adequately served group, the educable mentally retarded, constitutes three percent of the total school population, one percent above estimates of statewide incidence. Although an apparently adequate number of teachers and classrooms served this population there was pressing need to structure a sequential curriculum based on pre-vocational and vocational principles and practices. No county was serving an identified population of the trainable mentally retarded through specialized services, although these children were in classes for the educable mentally retarded, in State institutions, and in their homes. State estimates indicated that there were about 31 such students in the general tri-county school population, yet in Madison County, alone, half that number could be identified.

Although the physically and multiple handicapped are few in number--the projections indicate only 52 over the tri-county area--they posed a special problem in a sparsely-populated region covering many square miles. A program for this group requires close coordination with distant health centers, a homebound program and/or special provisions in school design and practice. Perhaps most disquieting, educational specialists estimate that four to six percent of preschool children between the ages of two and five suffer from special learning problems. Even using the lowest percentage estimate, this meant that 157 preschool children in the three counties needed the services of special education. None were served by the schools; yet, new laws require that all be identified and school programs be designed for their individual needs. Further, no local programs existed for visually handicapped children; in fact, the schools had no programs for in-depth evaluation of children with this exceptionality.

A major gap existed not only in expert teaching services for all these children but also in administrative skills and in resource aid to special education teachers, as well as to teachers in the regular classrooms who may be the most frustrated persons of all. There was a great need for coordination at all levels across much larger areas both within the school systems and beyond, to community and State services which provide aid to individuals and to programs. There was also a great need for materials designed for the various exceptionalities and for the individual children who suffer from them.

C. The Proposal

Local school officials believed that a long term comprehensive plan to serve all handicapped children in this sparsely-populated region could best be designed and implemented by pooling professional and financial resources across county lines. In addition, new State legislation mandating quality education for all exceptional children posed a special challenge for three sparsely-populated counties which had begun to develop these services separately with differing philosophies and priorities.

The three counties proposed to join forces to design and implement a comprehensive plan to provide educational services for all handicapped children. Services would vary according to the exceptionality

and the needs of the individual child but would, in general, consist of a combination of teachers in self-contained classrooms, resource teachers, and teachers working with homebound students, including the preschool child. Within this proposal the key to tri-county special education development would be a new and innovative teaching model: the Curriculum Resource Teacher (CRT). To demonstrate that the Curriculum Resource Teacher will qualify for reimbursement as a resource teacher under State standards he would provide direct services to children through classroom participation at least 40 percent of the time. The remainder of this master teacher's resource work would consist of strategy development, on-going evaluation, and service to teachers through the three counties in his particular area of exceptionality. The Curriculum Resource Teacher was not to be in any sense an administrator. The Director was responsible for program planning, monitoring and evaluation of the total Project, and the responsibility for the on-going program would be that of the Curriculum and Research Coordinator. The proposal called for eight (8) Curriculum Resource Teachers (CRTs)--one for each exceptionality--in the first project year. The Curriculum Resource Teacher would aid in program development for those areas of exceptionality not then being served by the three counties, identify specifically those children in their population who needed such special services, and develop educational strategies through direct teaching. Program development in subsequent years would consist of adding teachers where needs were identified.

The proposal outlined a long-range comprehensive program to help eliminate gaps and weaknesses in the Special Education programs of three sparsely-populated counties. Much of the projected success of the program would come about because of the teaching thrust of the CRT model in contrast to the usual administrative model. Curriculum would spring naturally from direct and successful teaching of children by the resource person who could then disseminate techniques, materials, and curriculum content to other teachers who reach other children.

The regional tone would allow for programming on a larger but more organized scale. Since the CRT would use his/her expertise in further identification of all handicapped children it should be possible to project future needs over the region much more

precisely to program effectively in timely fashion for succeeding years. The CRTs, working together with professionals from the State Department of Education, would become an effective force in aiding the localities in developing their own programs to serve all exceptional children.

The priorities set for the Curriculum Resource Teacher model are the core of this project. These priorities are as follows:

1. To provide services in all areas of exceptionality within a sparsely-populated geographic area.

2. To take the services to the children rather than attempt to bus the children to the services.

3. To demonstrate appropriate curriculum design through teaching of children.

4. To design specific research to evaluate two facets of the project: a.) the effectiveness of the model, and b.) the curriculum design.

5. To assist the school districts in fulfilling identified need and priorities in their programs.

6. To provide an in-service program on the longitudinal model, which is a series of workshops relating to a given subject, with classroom application on a trial basis between workshops.

7. To keep the CRT positions reimbursable so that the local school divisions can more quickly pick up and support this model.

The proposal, as it was approved and funded, set forth a requirement for the establishment of behavioral objectives in the cognitive, affective and psychomotor domains and the achievement by the children who were to receive full program services of 70% of these objectives. However, no quantitative performance criteria were set regarding the number of children to be served, teacher conferences or in-service sessions to be held, or other project staff activities. The absence of specific project performance criteria resulted in the growth of a conception of an implied

contract. The terms of this implied contract varied according to the relationship of the individual to the project.

II. PROJECT PERFORMANCE 1973-1974

A. Project Objectives

The proposal for the Regional Program for Exceptional Children included the following global performance objective:

Project Objective I

> Provided with an appropriate curriculum design based upon the needs of the pupils, the Curriculum Resource Teachers, the classroom teachers in the different areas of exceptionality, those regular classroom teachers where there are identified as well as potential handicapped children, the Curriculum and Research Coordinator, the Director of the Title VI Project and other supportive personnel, will develop and implement cognitive, affective, and psychomotor objectives for a total sequential program whereby each handicapped child will demonstrate his progress in all three domains, so as to increase and maximize the use of his individual potential as measured by the achievement scores of pre- and post-tests based on the established sequence of individualized objectives for each domain.

Parallel performance objectives written for the Project staff positions of Director, Curriculum and Research Coordinator, and Curriculum Resource Teachers specified that handicapped children served by the Program would achieve 70% of the objectives established for them in all three domains as measured by pre- and post-tests. The four performance objectives of the original proposal are measured below.

Five hundred seventy-nine (579) written objectives were established in the cognitive, affective, and psychomotor domains for the students who received full service in the Program. Four hundred thirty-four (434) of these objectives were achieved. This computes to a percentage of seventy-five (75%) achievement which exceeds the required performance criterion. Table I shows the breakdown of the achievement of the established objectives by domain.

Table I

Achievement of Established Objectives by Domain

	Cognitive	Affective	Psycho-motor	Totals
Established	256	142	181	579
Achieved	190	111	133	434
Percent Achieved	74%	78%	73%	75%

(Note) A discussion of behavioral objectives and the many factors influencing their establishment and achievement is included in Chapter III.

B. Pupils Served

The Regional Program for handicapped children was designed to provide services for the following children in Madison, Culpeper, and Orange counties.

1. Identified handicapped students enrolled in existing special education classes.

2. Identified handicapped students who are enrolled in regular classrooms.

3. Potential handicapped students enrolled in regular classrooms who are in need of special education services.

C. The Delivery System

1. Policy Formulation

When the regional program was contracted the Madison County School Board was designated to act as the administrative and fiscal agency. This was necessary because no official regional body existed to provide services for exceptional children across county lines. Although the funding of the Project is channeled through the Madison County Public School system, and the Project staff is contracted by this county the Madison County School Board does not serve as the policymaking body for the administration of the Program. To facilitate the effectiveness of the Regional Program in the three participating Divisions the three Division Superintendents serve as a guiding board, providing the Program Director with guidance in the establishment of operational policies and procedures. The Director is responsible for the interpretation and implementation of the policies and

procedures through the on-going monitoring and review of the total program.

2. Referral System

To assist the regional program in working effectively with and supplementing the services of the existing programs for exceptional children within the three Divisions a contact person in each Division collects referrals from the schools and assists in the coordination of program activities. Typically, a child is referred to the Regional Program by his classroom teacher and school principal who recognize that the child's needs prevent him from benefiting fully from the regular program. Referrals flow from the local school, through the Division contact persons where some initial screening is accomplished, to the Regional Team. Tables II and III indicate the referrals to the Regional Program by county and by exceptionality during the 1973-1974 school year.

Table II

	Referrals by County				
County:	Madison	Culpeper	Orange	Rappa-hannock	Total
School Population:	2,191	4,715	3,603	--	10,509
Number Referred:	81	46	97	1	225

Table III

	Referrals by Exceptionality						
	LD	ED	EMR	TMR	SH	HI	Total
Referrals:	52	60	48	21	30	14	225

During the first year of operation the Regional Program has received referrals from all of the seventeen (17) schools of the participating Divisions and has provided full service for one hearing impaired child from Rappahannock County.

3. Initial Contact (Preliminary Conference)

Upon receipt of an application for service the referring school is visited by the Project Coordinator. A conference is held with the referring teacher about the specific child. Through this conference teacher perceptions of the child's level of functioning in the three domains are obtained and an explanation of the services of the Regional Team is given. Usually this referred child is also discussed with the principal and the contact person for their input regarding the assignment of priority for service among their referred children within their respective school and Division.

4. Screening

Referrals from the three Divisions, all with their respective priority ratings, are brought to the Team by the Project Coordinator who has the difficult task of ranking priorities among Divisions and deciding which referrals are selected next into the active caseload. The decision for acceptance for service is guided by the following priorities:

- Severity of need for services
- Geographical location and proximity
- CRT availability
- As many different classroom teachers as possible
- Balance of service by Division

The task of selecting cases for full service encompasses the matching of critical need with availability of the most appropriate team capabilities.

Referred students not selected for full service may be served in other manners. Such service may consist of CRT/classroom teacher consultation, structured in-service for a teacher or a faculty group designed to demonstrate methods and materials most appropriate for children whose needs are exemplified by the referred child, or, CRTs may act as brokers for services of other public and private helping agencies.

5. Full-service Cases

a. Introduction

To the uninitiated, it might appear that this

model was designed to allow the matching of a specific exceptionality with a specific capability; for example, an emotionally disturbed child with a CRT endorsed to teach in the area of emotional disturbance. However, the interdisciplinary capability of the Regional Team responds to the actuality that exceptional children can seldom be categorized as purely mentally retarded, learning disabled, or emotionally disturbed, but frequently present characteristics of more than one exceptionality. In the words of one of our Team members, "referrals don't come clean". Since most of the children referred to the Team are in regular classes and will remain in these classrooms it is essential to provide an interdisciplinary resource to the classroom teacher so that she can most effectively respond to the needs of the child. In fact, the Team has, at times, been called upon to serve as a resource to a local school's Resource Teacher who is endorsed in only one area of exceptionality. The interdisciplinary strength of the Regional Resource Team comes into play throughout all the stages of full case service through Team staffing and continuing teacher involvement at each of the following:

b. Educational Evaluation and Intervention Plan

The Educational Evaluation and Intervention Plan is a written statement of the child's needs as well as a statement of a cooperatively developed education program to meet those needs. It consists of three basic elements: Assessment of Needs, Recommendations, and Objectives.

(1) Assessment of Needs

The assessment of needs process includes baseline testing common to all full-service cases which involves measurement in each of the three domains of cognitive, affective and psychomotor functioning; such individualized testing as is needed to gain pre-intervention data to devise the intervention plan; and continuing consultation with the teacher regarding her perception of the educational status and progress of the child. Baseline measurement is initiated prior to, continues through, and extends beyond intervention.

(2) Recommendations
The recommendations which are written by the Team directly reflect the child's needs as established through the assessment procedure. Quite often these recognized needs are divergent from the needs reflected in the referral. The Team, necessarily, develops recommendations and their consequent objectives which respond not only to the data-based findings but also to the reality of the school setting in which these must be accomplished. Broader in scope than the objectives which follow from them, the recommendations frequently do not lend themselves to expression in behavioral terms but serve as a necessary bridge between reflected needs and developed behavioral objectives.

(3) Objectives (Plan)
Behavioral objectives for each student are written in each of the three domains and serve as a guide for the operational plan for intervention. Each objective delineates the behavior which is to be measured and by whom measurement is to be made. A major constraint imposed on the CRTs by the model is that each objective must be achievable within six weeks. This constraint, coupled with the multiplicity of factors influencing both the establishment and achievement of recommendations and objectives, is further elaborated in Chapter III.

c. Intervention

Intervention by the CRT develops in two general patterns which may be typified as the idealized model and the complex reality.

In the idealized model the CRT intervenes with the student in the classroom working hand-in-hand with the teacher and demonstrating to her through the work that is done with the child the means for achieving specified objectives. In this situation termination is appropriate within six weeks and the teacher is armed with long - range objectives and the means to achieve these. It is often observed by Team members that techniques, methods and materials developed with the teacher for use with a referred child are being used effectively at the teacher's own initiative with other children who have not been referred.

In those many cases which demonstrate the complex reality of mainstreaming handicapped children the CRT and the referring source do not achieve the established objectives within the six-week period visualized in the idealized model. Quite often the intervention of two or more CRTs is required to provide meaningful services for the child who presents a multiplicity of needs. As severity of handicap increases, time required for intervention to be productive increases. In many cases the CRT brings to bear the resources of outside agencies such as Community Mental Health, Social Services and Vocational Rehabilitation. Here the CRT functions as a sophisticated broker of services. Other complex cases involve the migration of people--either the teacher or the family with whose child the CRT has intervened. One of the strengths of the Regional Model is that such movement within the region does not break off intervention, but it does tend to prolong intervention as effective relationships must be re-established in the new setting. A confounding element arises in those cases in which limitations in receptivity to the model or in skills required in the specific setting make the existence of the working relationship necessary for successful intervention virtually impossible. A final limiting factor is the paucity of alternative settings within the region for those cases in which the Team findings clearly indicate the desirability of such placement. Short descriptions of some cases illustrative of these kinds of problems are presented in Chapter III.

d. Termination Report and Follow-up Plan

Termination of CRT intervention is based upon achievement of the behavioral objectives stated in the Educational Evaluation and Intervention Plan, and determination of the classroom teacher's demonstrated willingness and ability to proceed independently in meeting the needs of the exceptional child. In the termination procedure the CRT writes a Termination Report which reflects the findings of the post-testing with the individualized assessment instruments and contains a description of the procedures used during intervention. This report, which is presented for the approval of the Regional Team, also contains long-range recommendations and long-range objectives which have been developed jointly with the classroom teacher. A proposed schedule of follow-up visits is an integral part of the Termination Report.

e. Cases Served

Tables IV and V reflect the full-service cases served, by county and by exceptionality.

Table IV

Cases Served by County

County:	Madison	Culpeper	Orange	Rappahannock	Total
School Population:	2,191	4,715	3,603	--	10,509
Cases Served:	29	31	31	1	92

Table V

Cases Served by Exceptionality

Exceptionality:	LD	ED	EMR	TMR	SH	HI	Total
Cases Served:	16	22	18	19	11	6	92

6. Monitoring of Activities

Caseload performance can be best understood when viewed in relation to the monitored activities of the Project Team. The members of the Team recognized the need for, and jointly developed, a monitoring procedure in which each CRT records the distribution of his/her time in five-minute intervals. The recording of CRT time use is based on a scheme of classification and coding of activities which includes 37 categories of activity in seven major classes. The CRTs also developed a four-copy self-carbon monitoring report form which permits rapid dissemination of information about CRT performance to classroom teacher, principal, and Project Coordinator. The project Team has, in effect, created a dual-channel feedback system. The first channel provides to school personnel a description of CRT intervention with child and teacher and recommendations to teacher and principal for activities in the intervals between CRT visits. The second channel, which is internal to the project, provides a record of time spent by activity. This record serves as a basis for planning

modification of Team operations. Table VI below displays the data concerning the distribution of Team time by class of activity. These data demonstrate that the CRTs have exceeded the State standard for reimbursable status by providing direct services to children through classroom participation 43.28% of the time.

Table VI

Percent of Team Time by Class of Activity

Type of Activity	Percent of Time Spent
Child-Oriented	36.77%
Teacher-Oriented	6.51
Team Planning	29.60
Parent-Oriented	1.25
Outside Professional	4.85
Research	4.41
Travel	16.61
Total	100.00%

The delivery system described above has been presented as it functions at the end of the reporting year. Since this Project employs a self-correcting model design many changes and refinements of the system have been made throughout the year. Chapter III reports these changes and reflects the flexibility required to establish and operate a regional program of this nature.

III. TEAM CORRECTION OF THE MODEL

A. The Production Dilemma

1. Implied Contracts

We referred above to the fact that no quantitative performance criteria were set for this project regarding the number of children to be served, teacher conferences or in-service sessions to be held, or other project staff activities. We also stated that, in the absence of such criteria, project Team members, teachers, principals, contact persons, and others developed their own private expectations for the Project. These implied contracts varied according to the relationship of the individual to the Project. At times the implied contract reached the level of full conscious awareness and direct expression, and the expectations assumed the quality of an unshakable conviction that the project Team was committed to produce what the individual expected. At other times intellectual acceptance of the goals and capabilities of the Regional Team was achieved, but the private expectations persisted at the emotional level and guided the individual's behavior. In a few instances the implied contract took on a dreamlike quality which permitted the expectation of an educator's Utopia in which uncomplicated problems would be identified easily and solved painlessly.

(a) A popular form of the implied contract was the interpretation by school personnel that the Project would serve all children who were in need, and that all the problems of special education of the entire region would be solved magically.

(b) It was not uncommon to find the expectation among school personnel that the Project Team was going to take all of their non-learners, slow learners, and acting-out children off their hands, and that they would be in the delightful situation of working only with the highly motivated, accepting and achieving students.

(c) In other instances the implied contract took the form of a personal interpretation of "full-service". In this form, which is generically related to the idea that the needs of all children would be met, the individual translated "full-service" as total service to the community rather than meeting the total need of the full-service case.

(d) Because there was not a shared understanding of a clearly stated contract many of our customers arrived at the interpretation that referral led to acceptance into the CRTs' caseload automatically. We heard almost daily the question, "I referred Mary; where's my CRT?"

(e) "Don't terminate Johnny!", was a common expression of the customers' expectation that the CRT was free to assume the task of providing direct service to an individual child indefinitely. This expectation grew out of an interpretation of the implied contract which was shared by the CRTs and school personnel initially, that "child-centered" meant that the CRT would work directly and in isolation with the child, and would be responsible personally for the achievement of behavioral objectives, rather than share responsibility with the classroom teacher with the goal of returning the child to the educational mainstream. The tendency to yield to such pressures inevitably led to lengthening the period of intervention and reducing the number of cases served.

(f) A variation on the above theme was the plea, "Can't you spend more time with Joe?" Whether this was a request to extend the period of intervention or to intensify service, the CRT who responded to it was forced to borrow time from other task responsibilities. A personal interpretation of the Project performance requirement on the part of the CRT served as justification for such requests and the response to them.

2. Quantity vs. Quality

The Curriculum Resource Teachers were subject to a constant pull between the goals of quantity and quality which were perceived as being antagonistic to each other. Pragmatically, these opposing demands had to be kept in balance. This is the management task and this, in a nutshell, is the production dilemma. Some of the most poignant problems with which the CRTs had to deal were emotional struggles over this choice.

(a) A frequent response, when a CRT was asked about terminating intervention, was "I want to stay with Sue a little longer; there's so much more that I can do." The desire for quality performance in such cases sometimes obscured the broader view of service needs and performance requirements. In some instances this also reflected the CRTs' conception of the implied contract.

(b) A close parallel was found in the case in which the CRT found an unusual professional challenge. "I'm going to carry Tom another month; he needs more help and I can't let him go right now." Again, quality weighed more heavily in these decisions than the press for production. This further reflected the on-going conceptual struggle between direct service and mainstreaming.

(c) A third example of the way in which the quantity/quality dilemma faced the CRT was that in which, "I've got to keep on working with Dick because his teacher doesn't really accept him yet." In time CRTs became more skillful in working with teachers in mutual goals for children and more accepting of the legitimacy of their contribution to a teacher-pupil relationship. Consequently, the frequency and intensity of their conceptual conflicts diminished.

3. In-service Training vs. Increased Caseload

Another aspect of the production dilemma is that no means has been devised to equate in-service training for teachers and other project Team activities which are not full-service case oriented with direct child services in arriving at an overall evaluation of the cost-effectiveness of the Project. We are well aware that some administrators use only one set of figures in determining the cost benefit of an educational activity--total cost divided by number of full-service students served. Similarly, current State Department of Education guidelines use only the simple yardstick of the number of students to whom the single Resource Teacher provides direct service. At the same time, we recognize the broad benefits which are derived from in-service training and other involvement with school personnel whose attitudes and actions affect the members of our target population. In fact, we see these activities as essential to the success of the mainstreaming approach.

4. The Parochial View vs. the Global View

The expectations of school personnel for project Team services have been a direct function of the breadth of their perspective. At the classroom and individual school level teachers and principals have sought to obtain the maximum amount of service for the children whose needs they know. We believe that it is not only the right but the responsibility of local

school people to strive for the utmost improvement in the welfare of their own students. However, this parochial view has contributed to the production dilemma in several ways. Because they had internalized the need to win support for the Project in its first year the CRTs found it difficult to terminate intervention when teachers asked them to continue work with a particular student. Because of regular association with people whose view was limited to the local need, and only intellectual exposure to the total needs of the Region, the CRTs often shared the teachers' view as to the most appropriate place for the application of their effort. As a consequence, case services for some children were extended at the expense of the induction of others into the Program. We can report that at the Division level the parochial view has given way to an increasingly global or regional view. This has been made evident by the acceptance of the criterion of severity of need as primary, replacing the original criterion of equal service to all Divisions.

B. Evolution of the Delivery System

1. Policy Formulation

One of the major areas of growth, and perhaps the major accomplishment of the program in this first year of operation, has been the move from an ad hoc guiding board consisting of the three Division Superintendents to the request for the establishment of a formal Regional Board consisting of the Division Superintendents and one member from each of the Division School Boards to serve as the policy board for regional services to handicapped students. This action exemplifies the transition from a parochial to a global orientation in the administrative leadership within the participating school divisions. This global orientation is reflected in the following statement of philosophy concerning services for handicapped children jointly adopted by the participating divisions.

> Small school divisions, large in land area and low in incidence of handicapped children with particular educational needs, are not an adequate nor economically feasible base for supporting comprehensive special education services. Certain supportive services necessary to meet the needs of all handicapped children within the division can only be provided through and supported by cooperative programs between two or more divisions.

Through the request for and establishment of this Regional Control Board the Divisions have demonstrated their belief in the regional philosophy. They have agreed to joint responsibility, joint ownership and funding, and joint control. They have created the mechanisms for joint administrative and fiscal operation and for joint contracting with staff members serving in regional programs.

2. Determination of Level of Service

a. Full-service Cases

The delivery system implemented at the beginning of the Program was designed for full-service cases. Referral, screening, and selection procedures initiated at that time were developed accordingly. The referral forms, in response to requests made by building principals, were designed to be easily filled out and called for minimal data concerning the referred student. This referring system proved successful and resulted in a steady flow of referrals to the Program. The limited data requested on the referral form, however, made it impossible to screen and select students for full service without acquiring more information. This need for more information led to the initiation of the preliminary conference held by the Project Coordinator with the referring teacher and building principal. As initially planned this conference would serve to expand the available information on a particular referral and would provide additional input to the CRTs in the formulation of the intervention plan. This initial conference served the additional goal of providing the program with an additional vehicle through which the Program could be interpreted realistically to school personnel.

During the first three months of the school year the criteria for selection into the full-service caseload reflected the intent of the Program to demonstrate that services could be provided throughout the region. The following criteria were used for selection:

- all Divisions
- all schools
- as many teachers as possible
- all exceptionalities
- as space permits

In January the guiding board of Superintendents approved a change in the selection procedure which resulted in the adoption of the currently used selection criteria with first priority given to severity of need for service.

This change in priorities allowed the Program to concentrate services on the more severely handicapped students and released it from an obligation to provide service in all schools at all times. With this change of priorities for service the goals of the preliminary conference were expanded so that this early conference was used as a method of assisting local school and Division personnel in setting their own priorities for service among their many referrals. The task of setting priorities for service based on severity of need has served to enhance a more global viewpoint of the Program both on the part of local and Divisional school personnel and with the members of the Regional Program staff.

An additional advantage has been discovered in the initial interview. An increasing amount of information is being gathered reflecting local school requests and need for services other than full-case service.

b. Other Services

At the start of the Project the initial intent of the Regional Team was to serve all students through a prescribed procedure consisting of 1) referral and screening, 2) intervention by CRT for approximately six weeks, 3) termination of direct CRT involvement coupled with the establishment of an on-going teacher student plan, and 4) follow-up for a sufficient period of time to assure continuing student growth. This has been referred to above as full-service. Early in the year it became evident that there was a growing demand for the Regional Team to provide services other than those provided to the full-service caseload.

As referrals to the Regional Program grew a sizeable backlog began to develop. The presence within this backlog of students critically in need of rather immediate assistance caused increased pressure on the Regional Team by school and Division personnel who were not satisfied with the answer that their referred students had been screened, placed on hold,

and would be picked up as soon as vacancies existed in the CRT caseload. This growing pressure caused the change in the selection criteria through which severity of need became the number one determining factor for the provision of service and initiated the "less than full-service" response to many referrals.

The team started responding to requests to provide in-service training as principals would ask, "If you can't pick up Johnny now could you give his teacher a little help?" This in-service training by the Regional Team took on greater proportions as the year progressed and evolved from the early sessions with one teacher concerning one child, through a stage of working with several teachers who had students with similar problems, to a final stage where the CRTs provided in-service sessions for school resource teachers to assist them in assisting their classroom teachers. Through this in-service training program the Regional Team provided meaningful indirect service to large numbers of children within the region.

At the start of the year the need for occasional out-referral of cases was recognized by the Team. As originally conceived this out-referral would be necessary to supplement the Team's resources in working with difficult cases or to respond fully to children where needs could not be met by the Team. As liaison was established with outside resource capability the CRTs became increasingly involved in assisting schools in utilizing these services. Through this role the Regional Team again provided indirect services to the region's handicapped students.

As the Regional Team developed a more global perception of their role, the plans through which services were provided to children became more complex. From the basic service of working with one child and one teacher in a classroom, the plans for service evolved to recommending and assisting in transfers of students within a particular school, assisting scheduling changes and placements in the regional vocational high school and being instrumental in assisting a Division to establish during the school year a new classroom serving trainable mentally retarded students.

Another activity of the Regional Team is the administration of speech and hearing screening throughout the region. This service has been provided for both school and preschool children and is an activity that encompasses a considerable amount of CRT time. Since identification of all handicapped children is a priority goal of all divisions this activity by the Regional Team is viewed as a most worthwhile utilization of Team time and talent.

Table VII below presents the number of children served during the year by services other than full services. These services represent both indirect and direct services to children in addition to the 92 full-service cases reported in Table IV.

Table VII

Children Receiving Specific Services by County

	Madison	Culpeper	Orange	Totals
Served through arrangement of outside referral	3	2	1	6
Served through consultation with school personnel	11	14	29	54
Served through administration of speech & hearing screening	5	136	52	193
Totals	19	152	82	253

3. The CRTs in Action

a. The Changing CRT Role

Changes within the delivery system during the first year of project performance are direct reflections of changing perceptions and attitudes of Team members and school personnel toward the concept of mainstreaming exceptional children. Mainstreaming, the current vogue for discussion in special education circles, is not necessarily accepted as the best solution for answering the needs of exceptional children by many regular classroom teachers and school administrators.

In fact, most teachers with special education endorsement prefer the direct child-with-specialist role and feel that the needs of exceptional children are met better in this setting than in the mainstreaming setting of the regular teacher with specialized assistance. The acceptance of mainstreaming as an effective method of providing services is essential in the rural setting of this project.

At the start of the project year, faced with staffing and interpreting the proposed services to school personnel, the project administrators did not grasp the impact of the acceptance of the mainstreaming concept by Team and school personnel on the day-to-day operations of the program. Because of this naivete, insufficient stress was given to the CRT-with-teacher role in interviewing prospective Team members. In like manner, insufficient stress was placed on the teacher role in successful intervention as the project was initially interpreted to the schools. The significance of intellectual and emotional acceptance of mainstreaming by CRTs and by school personnel can best be demonstrated in the excerpts from one CRT report which follows. This report covers some of the factors influencing the establishment and achievement of behavioral objectives.

(Note) This first portion of the report reflects the CRTs' approach during the period from October through December:

i. Teacher Involvement

A. At the beginning of the year virtually all objectives were written by the CRT and then presented to the teacher for her acceptance or rejection. There was very little collaboration between the school personnel and the CRT.

B. Implementation of objectives was carried on mostly by the CRT, especially in the cognitive and psychomotor domains.

Example: "The student will be able to kick a 10-inch ball a distance of at least thirty feet three out of five times."

"The student will demonstrate an understanding of the calendar by being able to name: a) days of the week, b) months of the year, c) seasons of the year, d) months in the seasons. The student will perform these activities with 100% accuracy."

These above objectives were strictly dealt with by the CRT with little or no reinforcement in the classroom. The teacher's attitude seemed to be one of abdicating educational responsibilities, with little carry-over of the CRT's program into the classroom.

In the affective domain the teachers were more in involved in the remediation by necessity. For example, on one student the teacher was given several recommendations: "a) Praise all behaviors which the teacher would like to continue: raising hand to speak, sitting quietly in chair, beginning a task, completion of a task, etc., b) Be assured that he understands exactly what he is to do by asking him to repeat the instructions before beginning assignments. Record the number of times he displeases the teacher and the nature of that displeasure." Thus, she was required to keep certain records and perform in a specified manner, at least in relation to this one child. Of course, the implicit meaning behind the recommendation was to help make the teacher more specific and consistent in her rules and expectations.

But in many affective objectives the thrust was still on the child to change his own behavior. Example: "The student will volitionally choose at least three activities per week which require physical activity with the boys in his class."

C. During this time frame very little teacher change was evidenced. Since the orientation of this CRT was child-centered progress reports were made to the teachers but very little was expected of them. From our orientation at the year's beginning the teachers seemed to understand our project as "taking children off their hands".

Some recommendations, however, were aimed at affecting teacher change. For instance: "Display of attention toward ____ by his teachers, parents, and friends should be focused at times when he is acting appropriately so that it is not necessary for him to revert to infantile behavior in order to obtain it."

D. In writing objectives the circumstances of the student's educational setting (i.e., class size, presence of an aide, teacher's personality, etc.) affected the type of objectives written. Since four of the five children dealt with at this time were in

regular classrooms with no aides the objectives were written between the child and the CRT with no additional "burden" for the teacher. For example, "The student will decrease his incidence of truck-like behavior (i.e., motor noises, shifting gears, moving like a vehicle) so that he exhibits these behaviors no more than 50% of the time." This objective required no intervention by the teacher because his time and attention was needed for the other 20-30 students.

ii. CRT Involvement

A. Role orientation in this time period was directed toward the child, not the teacher. This CRT was committed to working with children and slanted her objectives so that they would reflect change that the CRT-child had accomplished.

B. The interdisciplinary team concept implies that other CRTs will provide input regarding objectives and recommendations. Although this concept was not fully utilized in this time-frame, some additional or rewarded objectives were proposed by other Team members.

C. It is perceived as essential that the CRT have a positive attitude about both the children and teachers with whom he/she works. Yet, I feel it is human nature to know persons, both children and teachers, with whom one does not have such a positive relationship. In this time period a positive relationship is felt to have been established with all five children. However, the same cannot be stated for all teachers. A relatively negative attitude developed about one teacher in particular, stemming from her attitude toward the student. It is felt that this relationship is partially responsible for the fact that no affective or psychomotor objectives were achieved.

(Note) The following portion of the report reflects the CRTs' approach during the period from January through June:

iii. Teacher Involvement

A. The switch in roles of the CRT from being child-oriented to teacher-oriented is reflected in the amount of involvement the teacher has in formulating

the objectives. Previously the objectives were presented to the teacher for her approval or disapproval. During this time-frame the objectives were cooperatively formulated between teacher and CRT. Example: "The student will decrease his incidence of manipulating objects (i.e., tapping pencils, throwing erasers, juggling paper objects, etc.) so that the teacher rates no more than three incidents per day."

B. With the change in emphasis from child to teacher the teacher became more active in the implementation of the objectives. For example, the following objective was monitored by the teacher by awarding the child a star every half hour for good behavior. "The student will extinguish his attention-getting devices (i.e., asking irrelevant questions, making silly statements, "showing off", bringing trinkets from home, etc.) so that these instances gradually diminish from six per day to none per day."

C. This group of teachers were much more committed to the intervention process than the previous teachers worked with. As such, the children seemed to improve more notably and greater change was affected.

There was one notable exception: One teacher in particular reflected no change. The CRT was ineffective in changing that teacher's negative attitude regarding the referred child. No allowances were made while attempts were made to change the behavior. Undue punishment was enforced. This probably largely contributed to the fact that no objectives in the affective or psychomotor areas were fulfilled.

D. Class size and circumstances affected the way objectives were carried out. One teacher placed the entire class on an incentive program to increase the amount of work turned in. This was her answer to helping the referred student meet his objective-- "The student will complete 80% of his assigned tasks." --while dealing with the entire class.

iv. CRT Involvement

A. The CRT's role changed so that she was more teacher-oriented. This did not eliminate work with children, however, as this was needed to demonstrate to the teacher what techniques might prove successful.

More time was spent in the classroom rather than in isolation with the child.

Although the objectives are still written with the child in mind many more recommendations reflect the teacher emphasis: For example, "It is recommended that Roger be dealt with by an extremely consistent approach. He needs to know exactly what is expected of him and the consequences of not meeting those expectations."

B. The staffings were streamlined and became much more productive than they had previously been. CRT input to other Team members was much more valuable and extensive.

C. It was felt that the positive attitude the CRT shared with this group of teachers added to the effectiveness of the program. Perhaps it was the role change or facility in implementing the Project's goals, but the closer relationship with teachers seemed a positive change.

b. Representative Case Studies

As stated earlier, providing full services for some children required coordinated efforts among school personnel, parents, outside resources and CRTs. The following short case studies reflect the varied roles of the CRT in providing appropriate and adequate educational programs:

Michael

Michael was referred to the Regional Team due to the fact that he is 6 years, 8 months old and does not speak. He does communicate very effectively, however, using inflected and syllabic grunts accompanied by gestures. Michael seems to delight in seeing the frustrations of others caused by his lack of verbalization. It has been hypothesized that he is an "elective mute", consciously opting not to speak for psychological reasons.

Before relocating to Madison County, Michael has been evaluated by numerous psychiatric agencies and speech clinics, with unconclusive results. His articulatory structures appear to be normal, eliminating a physical explanation for the etiology of his difficulty. Two tenable hypotheses remain: Michael may have a specialized speech and language learning disability;

or he may be suffering from an emotional disturbance. However, Michael's consistent use of communicative gesture and controlled intonation coupled with his seemingly predictable and willful avoidance of expressive speech cause the hypothesis of an emotional disturbance to be more plausible.

Michael began school in December in a class for educable mentally retarded students. Cooperative services from the county speech therapist and school psychologist were enlisted to augment Michael's regular curriculum. Little improvement was visible, however, stimulating his referral to the Regional Team. Utilizing their interdisciplinary approach, Curriculum Resource Teachers in the areas of Emotionally Disturbed and Speech/Language Handicapped combined expertise to provide input to Michael's principal, teacher, and parents concerning possible remediation techniques. Cognitive, affective, and psychomotor objectives were written to circumvent his lack of expressive language while improving his receptive language vocabulary, knowledge of numbers and letters, categorization skills, recognition of colors, identification of body parts, fine motor coordination, and attention span, to name a few.

A most concerted effort was expended to acquaint Michael's parents, teacher, and principal with the services available at De Jarnette Center for Human Development, a residential school for behavior problem children which employs the techniques of behavior modification. On separate occasions a Curriculum Resource Teacher accompanied Michael's teacher, principal, and parents to De Jarnette's in order to inspect the facility in determining its appropriateness for Michael. Parental counseling resulted in convincing two reluctant parents of the benefits inherent in a consistent, round-the-clock system of positive reinforcement. As a consequence of the Regional Team's involvement and in cooperation with the teacher, principal, and parents, Michael is now attending the eight-week session at De Jarnette's where it is hoped that sufficient improvement in his expressive language may be evidenced to recommend first grade placement for him in the fall.

Connie

Connie was referred to the Regional Team as a 9-year-old child in an EMR classroom located in an open school setting. She was described as a girl who exhibited extreme hyperactivity and tantrum behavior.

Upon checking further into the case it was found that Connie had been enrolled in school for the first time this year and had a significant history of services from the Handicapped Children's Clinic in Charlottesville, Virginia, preceding her placement in school this year. Further exploration of her behavior in the classroom setting revealed that in addition to her exhibited hyperactivity which often disrupted not only her class but surrounding classrooms she refused to accept any correction from authority figures. Through observation it was found that Connie was unable to establish a positive relationship with her peers as evidenced by her inability to play in structured or non-structured group activities or to play alone in a meaningful manner. It was difficult to hold Connie's attention in a one-to-one relationship and virtually impossible in a group setting. Connie communicated with grunts and occasional word approximations accompanied by gestures.

Initially, Connie was admitted to school on a half-day basis. However, because of the inability of her parents to transport her home at noon she began to remain in school the entire day. This full-day placement served to elicit more hyperactivity and uncontrolled behavior. A conference between school officials and parents resulted in Connie's dropping out of school and staying at home until a more appropriate class placement was available. Connie needed placement in a TMR classroom which at that time was not in existence within the Division. CRT intervention with Connie continued at home pending the establishment of a suitable class placement.

During a conference consisting of school officials, personnel from the Handicapped Children's Clinic and Regional Team members it was agreed that Connie could return to school if a Trainable Mentally Retarded class could be established. Through the efforts of the school administrators and teachers with assistance from the Regional Team a class for Trainable Mentally Retarded was established in another school within the Division. This class was composed of three students who had previously been placed in an Educable Mentally Retarded class and three previously homebound students.

Initially Connie attended school on a half-day basis made possible in the new setting because of the proximity of her home. She was able to gradually extend her time in school, building to full attendance by the year-end. The CRT and the classroom teacher

developed and initiated a consistent structured program consisting of an appropriate curriculum employing behavior modification methodology. Connie's behavior began to improve noticeably in the classroom. At termination of intervention Connie was displaying appropriate behavior in all school settings, was learning to engage in meaningful individual tasks such as coloring, play, and simple work sheets. She had developed the ability to play with her classmates. Her verbal ability had increased to her use of three- and four-word phrases and she called her teacher, aide, CRT and classmates by name.

Steve and Charles

The following excerpt from a CRT report reflects the frustration that can be realized in attempting to provide services:

In February two students were picked up who needed the same type of services but in different areas. One male student, aged 18 at time of pickup was in a real emotional upheaval concerning what he was doing in his classes at school. After the evaluative tests were given to him and several conferences were held with teachers and guidance counselors it was decided by the CRT that the best service to offer this student would be some means of obtaining vocational training for him. The CRT made arrangements for an application to be made for him with the Vocational Rehabilitation Center. The intervention period consisted of the CRT's counseling with the student in order to help him understand the process of making application for Vocational Rehabilitation. Also, he was counseled to encourage him to continue working in his school subjects. Teacher cooperation for this student was non-existent.

The other student functioned on a trainable level. He is currently placed in an EMR classroom. The CRT gave the evaluative test and found the student to be quite low in indicated intellectual functioning and properly classifiable as severely retarded. Individual work was attempted and was unsuccessful because the student missed too many days from school. During the CRT's attempted work with the student much time was spent in the classroom with the teacher demonstrating materials and techniques. The referred student did not benefit specifically from this help but the class as a whole did. Services of a sheltered workshop became available at this time and it was decided that the

student could best benefit from this situation. Arrangements were made for application through the Vocational Rehabilitation Counselor but the parents refused to allow the child to attend. The visiting teacher was asked to help assist in explaining the program to the parents but this was unsuccessful. The parents were told by the visiting teacher they would have to see that the child attended school on a regular basis. This much was accomplished.

4. The Changing Use of Team Time

As stated in Chapter II, the system of monitoring activities employed by the Project provides an effective feedback system to help the Project staff determine the effectiveness of their time spent in different activities.

Total Team time by activity was reviewed in January and the following goals were established by the Project staff concerning the management of time for the period from February through June:

a) Time spent with students and teachers will increase significantly;
b) Time spent in Team planning will reduce;
c) Time spent with parents, outside professional contacts and research activities will remain constant;
d) Time spent in travel will reduce.

Table VIII presents the percentage of time by activity for the two time periods, August through January and February through June. The figures clearly reflect that each objective stated above was achieved. The indicated use of time for the latter period of the year reflects a good indication of Team operation following the necessary tooling-up activities of a new program.

Table VIII

Percentage of Team Time by Activity

Type of Activity	August through January	February through June	Change
Child and Teacher Oriented	30.74%	49.81%	Significant Increase
Team Planning	38.42%	25.01%	Significant Decrease
Parent, Outside Professional & Research	10.70%	10.41%	Relatively Constant
Travel	20.14%	14.77%	Significant Decrease

IV. MAJOR ACCOMPLISHMENTS

The proposal and contract which provided for the establishment of this Regional Program specify that the Program will evaluate 1) the effectiveness of the model; 2) the growth of pupils in the Program. We feel that during this first year of operation we have demonstrated effectively a method of providing services to handicapped children in a sparsely settled rural area and that the required evaluation can best be reported under the heading of Major Accomplishments.

A. Effectiveness of the Model

1. Development of Administrative Support

a. Establishment of Regional Control Board

When the proposal for continuation of operation of the Regional Program was submitted during February of this year a request was made to the State Department of Education that a Regional Control Board be constituted to administer this and other regional programs serving handicapped children. This proposal carried a commitment from the participating Divisions to provide a significant portion of the funding for the continuing program from local monies and was approved by the local school boards before submission.

The Regional Control Board was established in an organizational meeting held June 26, 1974. The board consists of the superintendents of the four Divisions and one Board member from each Division.

b. Growth in Acceptance of Mainstreaming

The establishment of the Regional Board accompanied by the commitment for local fundings demonstrates a commitment from top administration to the provision of services for handicapped children and reflects a growing acceptance of mainstreaming as an effective method of providing services. The adoption of a statement of philosophy in which it is realized that in a rural area certain services can only be provided through cooperation of two or more Divisions further demonstrates this growth in acceptance.

2. Entrance of Rappahannock County Into Program

During the current year one Hearing Impaired child from Rappahannock County was served by the Regional Program. In the continuation proposal the Rappahannock School Division requested to be included in the continuing program. This requested entrance into the Program reflects a perceived effectiveness of the services provided. Rappahannock County has been included in the newly established Control Board and will participate in the funding of the local support portion of the Program in the coming year.

3. Flexibility of The Model

During this first year of operation it has been demonstrated that the delivery system can be responsive to changing criteria for service. Through this system services can be provided on a geographic basis, e.g. serving all schools at all times. Services can be provided in response to intensity of need, e.g. priority ranking for services.

The refined model could respond to fit any pattern of local support in that:

- Equal services could be provided;
- Support could be pro-rated by pupils served, or;
- Service could be provided on school population basis.

4. Needed and Requested Services Are Varied

Through the number and variety of referrals for service the program has demonstrated that the need exists for the multidisciplinary service capability of the Regional Team and that these needs can be served through this model. In the replication of a program following this model it can be predicted that requests for service will be made for children with complex handicapping conditions, for serving teacher in-service training needs, and for coordination and implementation of school and outside resource services.

5. Development of Management System

a. Development of Team Effectiveness

During this first year of operation the Regional Team has experienced considerable growth in the use

of effective group process, thus maximizing the effect of the interdisciplinary makeup of its membership and decreasing the time required for group activities such as staffing. This growth had been accomplished through a constant awareness of process in the attainment of group decisions and group products.

b. Development of Administrative Tools

The Regional Program has developed a complete set of forms, records and systems to administer, monitor, and record its case service activities. A set of these forms including referral, initial contact, educational evaluation, termination and follow-up and monitoring are available upon request.

6. Essential Requirements for an Effective Regional Program

During this first year of operation the Regional Program staff has developed a set of nine requirements we feel most essential to the effectiveness of a program of this nature. Within this report we have reported on our success in achieving most of these, but have admitted our concern for and need of a well defined production expectation. It is our recommendation that any regional group organizing a program of this nature review these requirements.

1. Commitment from the top--Superintendents and Board;
2. Experienced interdisciplinary team;
3. Maturity as a group;
4. Administrative liaison with principals, teachers, contact persons, etc.;
5. Commitment to tasks and goals by all concerned;
6. Clear understanding by all concerning roles, tasks, goals, expectations, etc.;
7. Well defined production needs: a) expectations of consumers, b) demands in contract;
8. Effective outside resource liaison;
9. Commitment from teachers where children are mainstreamed--commitment to and acceptance of the philosophy of mainstreaming with specialized assistance.

B. Pupil Growth

Among the most significant accomplishments of the Regional Project has been the enhanced achievement of

the pupils who have been full-service participants in the Program. This growth which is reflected in measures in the cognitive, affective, and psychomotor domains, has occurred in students whose prior educational experience was more marked by lack of achievement, indifference to academic goals, and problem status than by notable success. The data on which this report of pupil growth is based were obtained primarily from tests which were administered initially as a part of the Educational Evaluation for planning CRT intervention, and again as a part of planning for termination and follow-up. Additional sources of data were the CRTs' reports of behavioral objectives established and achieved, and the baseline measures of psychomotor skills.

1. Pre- Post Measurements

a. Behavioral Objectives

One of the stated evaluative requirements for this Project was the achievement by the participating students of 70% of the behavioral objectives established for them in all three domains. As shown earlier in Table I this criterion was fully attained with the achievement of 74% of objectives established in the cognitive domain, 78% in the affective domain, 73% in the psychomotor domain, with an overall percentage of achievement of 75% of all established behavioral objectives.

b. Cognitive Measures

The Peabody Individual Achievement Test and the Slosson Intelligence Test were included in a prescribed battery for each student who was accepted into full-service status in the Regional Project. These were administered at the time of evaluation for intervention planning and again at the time of planning for termination and follow-up. Because of the limitations which led to their inclusion in the program many students could not perform these essentially verbal tasks. However, those students who performed these tests demonstrated remarkable gains between pre- and post-tests. To test the statistical significance of these gains the Wilcoxon Test for correlated samples was applied. For the Peabody Individual Achievement Test the significance of the difference in total raw scores was tested. For the Slosson Intelligence Test the significance of the

difference in obtained intelligence quotients was tested. In each case the statistical significance of the difference between pre- and post-test scores was well beyond the .01 level. The practical significance of these demonstrated gains is that a group of exceptional children with severe learning handicaps achieved a marked increase in the functional use of verbal and number skills during the intervention of CRTs in their educational experience.

c. Psychomotor Measures

In order to obtain a baseline measure of psychomotor skills the Purdue Perceptual-Motor Inventory was administered to each student admitted to full-service status at frequent intervals prior to, during, and following intervention. Primarily because of difficulty in fitting the schedule of baseline testing to the sequence of case service procedures the sample of students who performed the PPMI at approximately the same points in the procedure suffered severe attrition. This was particularly true for the final administration, which was scheduled for two months after termination. The final sample consisted of thirteen students who had been tested twice prior to intervention, once during the third week of intervention, and again approximately two months after termination. Although they are clearly not a representative sample of the full-service caseload the gain in psychomotor skills demonstrated by these thirteen students is impressive. The mean increase in their scores on the PPMI between the first and seventh administrations was approximately ten points, and the range was from one to 21 points. The pre- post-difference was statistically significant beyond the .01 level, using the Wilcoxon Test for correlated samples. The practical significance of these gains is that the members of this group of exceptional children with severe handicaps were able to increase their psychomotor skills during and following the intervention of CRTs in their educational experience.

2. Problems in Measurement in the Affective Domain

It was planned to obtain objective measures of change in the affective domain which might be associated with intervention in the student's educational experience. Several instruments were recommended for this purpose and these were tested in the early weeks of the project. Most of these were rejected quickly because in our population of exceptional children

they were more properly measures of cognitive than affective attributes. One which was finally selected for use because it appeared to be a valid measure of the affective domain in our population was found to be subject over time to the countervailing influences of variables external to the test situation. We could not demonstrate any trends in test measures of self-concept or interpersonal relationships which might be linked to CRT intervention.

A measure of psychosocial adjustment was obtained from the teachers in whose classrooms our students were placed. Several factors militated against the attainment of useful data from this instrument. The limited potential range of responses and the central tendency of teacher responses combined to yield insignificant variation within or between students. The problem of fitting the baseline testing schedules to the case service process caused heavy attrition. It was not possible to identify trends which might be linked to CRT intervention. We recognize the urgent need to find valid objective measures in this domain and we are continuing our search for such measures.

V. LOOKING AHEAD

A. Addition of Family Counseling Services

As an outgrowth of this year's work the services of the Regional Program will be strengthened in the coming year through the addition of a Family Services Counselor. Consistently during the past year the need arose for an effective means of working with the parents of children in the Program. The CRTs made many home visits in attempts to elicit parent participation in and support for their intervention plans of working with children. In some cases these requests for parental involvement were successful but quite often they only pointed to the need for parental counseling. Attempts were made to have parents seek counseling from community counseling services available in Culpeper and in Charlottesville but these met with failure in the majority of cases. The distances involved in getting to these resources and the lack of an internal resource to counsel the parents to the point of accepting their need for help led to the recommendation by the CRTs that a Family Services Counselor be added to the Regional Team. The development of effective methods of working with parents in this rural setting will be one of the more interesting aspects of the coming year's operation.

B. Initiation of Advisory Committee

In the second year of operation the Regional Program will be strengthened through the appointment by the Regional Board of an advisory committee. This committee will consist of lay members representative of all Divisions. The professional staff of the Regional Program will serve as consultants to the committee. Committee recommendations will be made directly to the Regional Board. The active involvement of this Advisory Committee should serve to assist the Program in gaining community support and help in keeping the services of the Program directed toward high priority needs.

C. Development of Operations Council

To further strengthen the program an operations council will be developed to work directly with the Regional Program staff. This council will consist of the Division contact person, one principal and one teacher from each of the four Divisions served by the

Program. This council will be appointed by the Regional Board and will serve the twofold purpose of providing the Regional Program staff with input from the field and disseminating program information to the local schools. This operations council should assist the Regional Program in the all-important area of developing acceptance of and gaining support for the mainstreaming approach to providing services for handicapped children. Input from this council will also serve to assist in keeping the services of the program directed toward critical needs.

D. Development of Performance Standards

As stated in earlier portions of this report a critical need exists for the development of realistic performance standards to measure the effectiveness of this and similar programs. At this point it can be demonstrated that through CRT intervention with students and teachers considerable individual student gain can be achieved. It has also been found that principals and teachers consider in-service training provided by the Regional staff to be most beneficial to them in helping them in their instructional programs. In fact, there has been a growing demand for the staff to perform this service. The basic question remains, "How should the Program be measured?"

During the coming year the Regional Program will develop performance criteria through which all individual staff members will be evaluated. These criteria will be negotiated with the Regional Board with the goal of developing realistic and mutually understood expectations for each staff position and for the Program as a whole. The development of performance standards through which the Program can be measured is seen as a necessary step in the evolution of the program to total support from State/local funding. The development within this Project of performance standards could serve as a guideline to the State Department of Education in their development of regulations and standards for the reimbursement to local school Divisions for Curriculum Resource Teacher positions and for Interdisciplinary Teams serving one or more school divisions. The involvement of State Department of Education personnel in the development of these standards internally, within the coming year's operation, is requested and welcomed.

GLOSSARY

Consultation--Interchange between a classroom teacher, resource teacher, or other professional and a CRT about the educational setting of a referred or non-referred child wherein the CRT provides assistance or advice to the teacher which is less than that constituting full-service.

Contact Person--The person designated in each cooperating Division by the Superintendent to channel referrals to the Regional Program and advise the Regional Team on ways of effectively meeting the needs of the Division for specialist support.

Contract--Generally, the collective expectations which school personnel have of the Regional Program as to productivity (both qualitative and quantitative), scope of service, mode of operation, etc.

Control Board--See Regional Control Board.

CRT--Curriculum Resource Teacher:A master teacher certified by the State Department of Education to teach exceptional children, who operates as a member of an interdisciplinary team and provides assistance to classroom teachers, resource teachers, or other professionals in the development and implementation of appropriate educational programs for exceptional children.

Customer--A recipient of the services of the Regional Program. This term applies to School Divisions, School Boards, Superintendents, Administrators, teachers, parents, and children.

ED--Emotionally Disturbed.

Educational Evaluation and Intervention Plan--A written statement of a child's educational needs which contains a cooperatively developed educational program to meet those needs.

EMR--Educable Mentally Retarded.

FSC--Family Services Counselor:A member of the interdisciplinary team who concentrates on providing assistance to classroom teachers, resource teachers, CRTs, or other professionals by counseling with the families of exceptional children.

Full-Service Case--A series of activities performed by the Regional Team to provide to those responsible for a referred child assistance in the development of an appropriate educational program for that child. These activities include, minimally, the development of an Educational Evaluation and Intervention Plan, a period in which a CRT intervenes directly in the child's education, and a concluding report containing a summary of procedures and long-range objectives.

HI--Hearing Impaired.

LD--Learning Disabled.

Production--The work accomplished by the interdisciplinary Regional Team. While work is generally evaluated in quantitative terms such as number of children served, number of teachers assisted, time spent engaged in a particular activity, etc., occasionally qualitative criteria such as the change in level of student performance or improved capability of non-specialists to provide for exceptional children are used in judging work effectiveness. Obviously, it is imperative that these two categories be applied in a balanced manner.

Presenting Problem--The primary characteristic of a referred child which indicates the need for a modification in the child's educational program.

Preliminary Conference/Initial Contact--Discussion between the Project Coordinator and professional personnel who have referred a child to the Regional Team for the purpose of informing referring persons about the program and gathering further information about the presenting problem for the assignment of priorities and intervention.

Referral--The report of a tentatively identified exceptional child to the Regional Team and request for assistance in devising a more appropriate educational program for that child.

Regional Control Board--The guiding Board, comprised of lay and professional representatives from each participating Division which establishes policy for the Regional Program.

Regional Project/Regional Program--The management and deployment system established and implemented in the tri-county area of Culpeper, Madison and Orange counties to assist exceptional children and the persons responsible for them in the delivery of an education appropriate to their needs.

Regional Team/Team--The interdisciplinary team comprised of eight (8) CRTs, a Director, a Coordinator, and a Secretary.

SH--Speech and Language Handicapped.

TMR--Trainable Mentally Retarded.

Team--See Regional Team.